

**Issue Classification**  
\*0978610  
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(Assistant Examiner) / (Date

# RENA DYE

**PRIMARY EXAMINER**

**Total Claims Allowed: 6**

**O.G.  
Print Claim(s)**

O.G.  
Print Fig.

**Claims renumbered in the same order as presented by applicant**

☐ CPA☐ T.D.☐ R.1.47

Final	Original
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Final	Original
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Final	Original
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Final	Original
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Final	Original
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Final	Original
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Final	Original
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